

| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) | | | | | | | SERIAL NO. | FILING DATE | |
|--|------|------------------------|------|------------------------|------|------|--------------|-------------|------|
| | | | | | | | APPLICANT(S) | | |
| CLAIMS | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | * | | * | |
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| TOTAL DEP. | 6 | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ | ↓ |
| TOTAL CLAIMS | 8 | | | | | | | | |